

TRAUMA INFORMED APPROACHES TO CARE WITH YOUTH

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DISCLOSURES

I have no conflicts to disclose.


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- National Child Traumatic Stress Network (NCTSN)
- National Institute on Drug Abuse (NIDA)

TRAUMA-INFORMED PRACTICE (4RS)

“A program, organization, or system that is trauma informed

1. REALIZES the widespread impact of trauma and understands potential paths for recovery;
2. RECOGNIZES the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. RESPONDS by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively RESIST RE-TRAUMATIZATION.”



Physical
abuse/assault

Sexual abuse/
assault

Community
violence and
victimization

Abandonment
and neglect

Domestic
violence

Traumatic loss

Prostitution, sex
trafficking

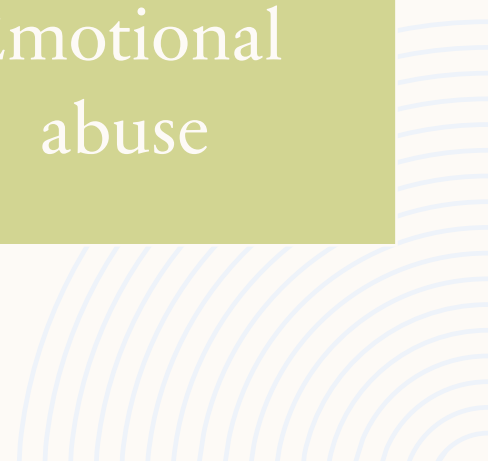
Serious
accidents

Medical trauma,
injury, illness

Natural disaster

Combat /
Political
violence

Emotional
abuse



TRAUMA-INFORMED PRACTICE (3ES)

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual wellbeing.”

TRAUMA-INFORMED PRACTICE (4RS)

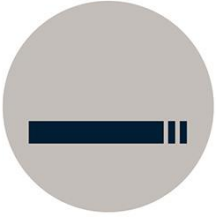
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BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



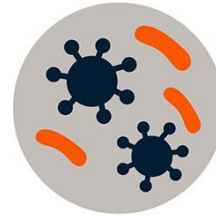
Diabetes



Depression



Suicide attempts



STDs



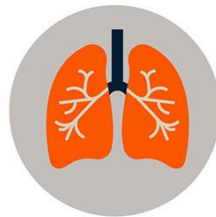
Heart disease



Cancer



Stroke



COPD



Broken bones

- Posttraumatic stress
- Depression
- Anxiety
- Suicidality
- Self-injury
- Aggression
- Oppositionality
- Outbursts
- Substance use
- Delinquency
- Inattention
- Academic problems
- Somatic complaints
- Insomnia

PREVALENCE & RISK

Youth:

- Sexual assault 8-12%
- Physical abuse/assault 9-19%
- Witnessed community violence 38-70%
- Natural disaster 20-25%

Adolescent trauma & Substance Use:

- Childhood trauma -risk for PTS, substance use, and other risky behaviors which commonly co-occur
- Comorbidity associated with more severe impairment, poorer well-being, greater service utilization



Review: Saunders & Adams, 2013
Copeland et al., 2007; Finkelhor et al., 2009, 2013
Kilpatrick & Saunders, 1997; McCart et al., 2011
McLaughlin et al., 2012; Norris et al., 2002

ADOLESCENT TRAUMA & SUBSTANCE USE

ACE scores and association to substance use

- The Adverse Childhood Experiences (ACEs) Questionnaire (Felitti et al., 1998) is a 10-item measure used to measure childhood trauma.

Early initiation of alcohol use (Dube et al., 2006; Rothman et al., 2008)

ACE replication; controlled for demographics, parental alcohol use, parental attitudes toward drinking, peer drinking in adolescence

5 of 10 ACEs associated with early alcohol use (<14 vs >21)

ACEs associated with more drinking to cope in first year alcohol used (vs. for pleasure, to be social)

GREATER SMOKING IN ADOLESCENCE AND ADULTHOOD (ANDA ET AL., 1999; FORD ET AL., 2011)

5X early smoking (before 14), 2X current smoking, 3X heavy smoking

Adolescent non-medical prescription drug use (Forster et al., 2007)

Each additional ACE = +62% rx drug

WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes

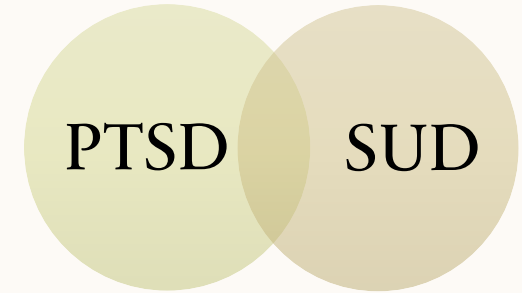


Possible Risk Outcomes:

BEHAVIOR				
Lack of physical activity	Smoking	Alcoholism	Drug use	Missed work
PHYSICAL & MENTAL HEALTH				
Severe obesity	Diabetes	Depression	Suicide attempts	STDs
Heart disease	Cancer	Stroke	COPD	Broken bones

WHY?

- Shared neurobiology
 - Cortico-limbic systems
 - Impaired “top-down” regulation of behavior, thoughts
 - Learning and memory
- Negative reinforcement model
 - “self-medication”
- Personality factors
 - Impulsivity, distress (in)tolerance, anxiety sensitivity
- Overlapping contextual factors



A PROGRAM, ORGANIZATION, OR SYSTEM THAT IS TRAUMA INFORMED...

RESPONDS by fully integrating knowledge about trauma into policies, procedures, and practices

Examples of Responses:

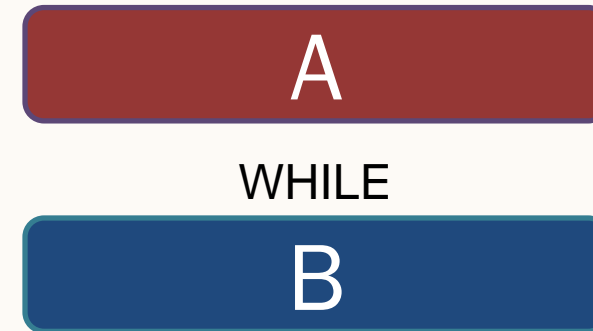
- Staff training across the organization
- Person-first language, stigma reduction
- Programming to address compassion fatigue and secondary traumatic stress among staff
- Universal precautions approach (expect trauma)
- Interventions to promote protective factors

TREATMENT MODELS

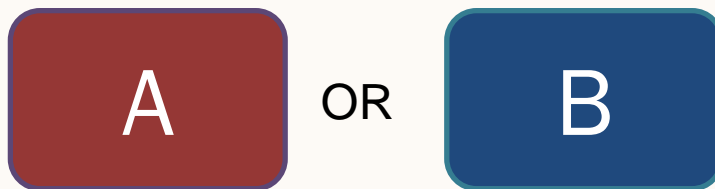
Sequential



Parallel



Singular



Integrated



EVIDENCE SUPPORTED TREATMENT FOR ADOLESCENTS

Traumatic Stress	Substance Use Problems
Trauma-Focused CBT Alternatives for Families CBT CBITS EMDR Cognitive Processing Therapy	MET / MI CBT Multidimensional Family Therapy Multisystemic Therapy Brief Structural Family Therapy Functional Family Therapy ACRA Contingency Management

A PROGRAM, ORGANIZATION, OR SYSTEM THAT IS TRAUMA INFORMED...

Seeks to actively
RESIST RE-TRAUMATIZATION

Examples:

- Providing developmentally appropriate explanations
- Minimizing invasive procedures
- Protecting privacy and confidentiality, promoting patient rights (consent, choice)
- Following mandated reporting procedures
- Advocate across service systems



NCTSN

The National Child
Traumatic Stress Network

GET HELP NOW

WHAT IS CHILD TRAUMA? ▼

TREATMENTS AND PRACTICES ▼

TRAUMA-INFORMED CARE ▼

RESOURCES ▼

ABOUT US ▼



HEALTHCARE

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TRAUMA-INFORMED SYSTEMS ▼

[Child Welfare](#) ▲

[Schools](#) ▲

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[Healthcare](#) ▼

[Essential Elements](#)

[NCTSN Resources](#)

Wherever primary providers encounter children and families – whether in a clinic, hospital ER, school, or at a private outpatient practice – there are opportunities to integrate trauma-informed practices into the care families receive. Approximately one of every four children in the United States will experience a traumatic event before the age of 16. These events may range from natural disasters to violence and abuse; they may be a one-time occurrence or have happened repeatedly. Although many children who are exposed to trauma do not experience lasting negative effects, others can have difficulty coping. Research has found a significant relationship between exposure to traumatic events and subsequent impairment to children's neurodevelopmental and immune systems responses. Some may also exhibit health risk behaviors resulting in chronic physical or behavioral health disorders.

Essential Elements



NCTSN Resources



[CULTURE AND TRAUMA](#) ▲



TF-CBT Web^{2.0}

*A course for Trauma-Focused
Cognitive Behavioral Therapy*

Foundations of TF-CBT

Psychoeducation

Parenting Skills

Relaxation

Affect Identification & Regulation

Cognitive Coping

Trauma Narration and Processing I

Trauma Narration and Processing II

In Vivo Mastery

Conjoint Parent-Child Sessions

Enhancing Safety & Future
Development





QUESTIONS?